CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS RECEDITARIO DE CONTROL USE ONLY



COVER PAGE HE AS MACTICES COMPRISSION

MAR - 1 2011

Please type or print in ink.	2011 MAR - 1 PM 5: 43	BY: FG
NAME OF FILER (LAST) BEALL	JAMES	THOMAS
1. Office, Agency, or Court	O MINICO	
Agency Name State of California Division, Board, Department, District, if applicable	Your Position	A.1
State Legislature	Assemblyn	ember 24 distric
► If filing for multiple positions, list below or on an attachment		
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box)		
State	☐ Judge (Statewide Jurisdie	·
Multi-County	·	
City of	Utner	
The period covered is, through 2010. Assuming Office: Date	leaving office.	is January 1, 2010, through the date of is/
4. Schedule Summary Check applicable schedules or "None."	► Total number of pages including	this cover page:5
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached	Schedule D - Income - Gifts	& Business Positions – schedule attached - schedule attached - Travel Payments – schedule attached
	-or- portable interests on any schedule	
5.		
herein and in any attached schedules is true and complete.		
I certify under penalty of perjury under the laws of the Sta	te of California that	
Date Signed March, day, year)	Signature	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name James T. Bral	102

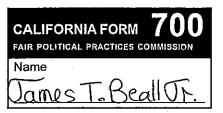
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
➤ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE: /
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>, , 10</u> , , 10	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name James T. Beall OF.

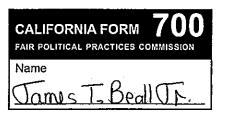
▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Sur Lite	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
POBOX 7010. Toronto Canada	
BUSINESS ACTIVITY, IF ANY, OF SOURCE,	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	BOOMESS ASTATI, II ANI, OF SOUNCE
Wite Insurance shares	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
_	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
05,120	
X other 1 107 dend from Shates	Other
(Describe)	(Describe)
	11
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
* You are not required to report loans from commercia	I lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	
	your official status. Personal loans and loans received
not in a lender's regular course of business must be	
<u>-</u>	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	-
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	C Deal Broads
LIGHEST BALANCE DI IDING DEDOPTING DEDIOD	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
\$500 - \$1,000 	Real Property
	Street address
\$500 - \$1,000 	Street address City
\$500 - \$1,000 \$1,001 - \$10,000	City Guarantor
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Street address City
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	City Guarantor
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	City Guarantor

SCHEDULE D Income - Gifts



NAME OF SOURCE	▶ NAME OF SOURCE
Kaiser termanente	12 Potocol Foundation + Gov. Schwarze
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) State CCLD TO
1215 K street, suite 2030	1215 Kst, sac Sacramento
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	State of the State Luncheon DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
in a silver of the silver of t	11
06,0,10 \$150 - Dinnet with	01/06/10:35.47 Protocol Foundation
Kauser at silican	21.53 Gov. Schoolzeneg(
Valley Education	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
s_A Foundation	\$5770tal.
	L NAME OF COLUMN
Reinburgo full amount Avaist 19th	2010 Full amount reinbursed to
ADDRESS (Business Address Acceptable)	
, , , , , , , , , , , , , , , , , , ,	ADDRESS (Business Address Microptable) and 18-12010
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
► NAME OF SOURCE	NAME OF SOURCE
ADDDECC (Durings Address Assessable)	ADDRESS (Durings Address Associable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	<u> </u>
	\$
Commenter	
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

Norman Mineta SanTose Airport	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable) 1661 AILDON BOMPUAFO	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
San Jose, CA 95110 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) Public Alport	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION NI PORT Parking For	DESCRIPTION:
official business	
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/ / / AMT: \$	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
comments: X Exact amount unknow	n-will amend when
information provided	